

The Mississippi Partnership WIOA Zero Income Form

First Name	Middle Initial	Last Name
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NOTE: Use this form for participants whose household family income is \$0 and who do not meet any of the low income automatic qualifiers.

This is to certify that no members of my family listed on the WIOA Family & Income Form have received income from any of the following sources:

- Wages from Employment
- Income from Self-Employment
- Unemployment Compensation
- Child Support Payments
- Regular payments from railroad retirement, strike benefits from union funds, worker's compensation or training stipends
- Alimony
- Military Pay
- Pensions
- Regular insurance or annuity payments
- College or university grants, fellowship, and assistantships
- Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts
- Net Gambling or Lottery Winnings
- Social Security Disability Insurance (SSDI)
- TANF Benefits
- SNAP Benefits
- Supplement Security Income (SSI) payments

In order to live, my family and I have received assistance (such as money food, or shelter) from

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I attest that all information provided above is true to the best of knowledge.

Applicant Signature	Date
Parent/Guardian Signature (if required)	Date
Signature of Person Providing Assistance (REQUIRED)	Date
WIOA Staff Signature	Date